**UNITED STATES** SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES **PURSUANT TO REGULATION D,** SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

ОМВ	APPROVAL

1

Prefix

OMB Number: 3235-0076

April 30, 2008 **Expires** 

SEC USE ONLY

DATE RECEIVED

Estimated average burden

hours per response:

16.00

Serial

Name of Offering ( check if this is an amendme			
Non-US Equity Managers: Portfolio 3 LLC: Li			
Filing Under (Check box(es) that apply):   Ru	le 504 □ Rule 505 ☑ Rule 506 □	Section 4(6) ULOE	
Type of Filing: ☐ New Filing ☑ Amendme			
	A. BASIC IDENTIFICATION DATA		- 8181 8111 8111
1. Enter the information requested about the issue	r		
Name of Issuer ( check if this is an amendmen	at and name has changed, and indicate change.)		
Non-US Equity Managers: Portfolio 3 LLC		08046595	(B)   B   B   B   B   B   B   B   B   B
<del></del>	nber and Street, City, State Zip Code)	Telephone Nun.	,
One New York Plaza, New York, New York	• • •	(212) 902 <b>-19</b> 00 🚗	
	umber and Street, City, State and Zip Code)	Telephone Number Anchyding Area Code	:)
(if different from Executive Offices)	• • • • • • • • • • • • • • • • • • • •	Cooligii	
	PROCESSI	APR 1 6 ZUUB	
Brief Description of Business	- 4	Y	
To operate as a private investment fund.	APR 2 4 200	1 1	
		Washington, DC	
Type of Business Organization	☐ limited partnership, already formed	JERS 101	
Corporation	☐ limited partnership, already formed☐ limited partnership, to be formed☐	Limited Liability Company	
☐ business trust	innited partnership, to be formed	Elimed Elability Company	
	Month Year		
Actual or Estimated Date of Incorporation or Orga		☑ Actual ☐ Estimated	
,			
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service abbreviat	[   <sub>-</sub>	
	State: CN for Canada; FN for other foreign jur	sdiction) DE	
GENERAL INSTRUCTIONS			

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA		
2. Enter the information requested for the following:		
* Each promoter of the issuer, if the issuer has been organized within the past five years;		
* Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or of the issuer;	more	of a class of equity securities
<ul> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners</li> </ul>	of pa	rtnership issuers; and
* Each general and managing partner of partnership issuers.	-	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director	Ø	General and/or Managing Partner
Full Name (Last name first, if individual)		<del></del>
Goldman Sachs Asset Management, L.P. (the Issuer's Managing Member)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
One New York Plaza, New York, New York 10004	_	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer* ☐ Director * of the Issuer's Managing Member		General and/or Managing Partner
Full Name (Last name first, if individual)		
Asali, Omar M.		<del></del>
Business or Residence Address (Number and Street, City, State, Zip Code)		
One New York Plaza, New York, New York 10004		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director * of the Issuer's Managing Member		General and/or Managing Partner
Full Name (Last name first, if individual)		
Barbetta, Jennifer		
Business or Residence Address (Number and Street, City, State, Zip Code)		
One New York Plaza, New York, New York 10004  Check Box(es) that Apply: □ Promoter □ Beneficial Owner ☑ Executive Officer* □ Director		General and/or
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director * of the Issuer's Managing Member		Managing Partner
Full Name (Last name first, if individual)  Gottlieb, Jason		
Business or Residence Address (Number and Street, City, State, Zip Code)		
One New York Plaza, New York, New York 10004		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director * of the Issuer's Managing Member		General and/or Managing Partner
Full Name (Last name first, if individual)		
Ort, Peter		
Business or Residence Address (Number and Street, City, State, Zip Code)		
One New York Plaza, New York, New York 10004		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director  * of the Issuer's Managing Member		General and/or Managing Partner
Full Name (Last name first, if individual)		
Ross, Hugh M.		
Business or Residence Address (Number and Street, City, State, Zip Code)		
One New York Plaza, New York, New York 10004		C1/
Check Box(es) that Apply:		General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		

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<del></del>		v		B. INI	FORMAT	ION ABO	UT OFFI	ERING				
					<del></del>						Yes	No
1. Has the	e issuer sold	l, or does th	e issuer inte	end to sell, (	to non-accre	edited inves	tors in this	offering?				$\blacksquare$
			A	answer also	in Appendi	x, Column	2, if filing u	ınder ULOF	E.			
2. What is	s the minim	um investm	ent that wil	l be accepte	d from any	individual?					\$	*
*The Issue	er's Manag	er may in i	ts sole disci	retion acce	pt subscrip	tion amoun	its in whate	ev <b>er amou</b> n	t it determ	ines is	Yes	No
acceptable			ownership	afa sinala	:+2						⊠.	
											-	_
4. Enter t	the informat	tion reques	ted for each	n person w	ho has been	n or will be	e paid or g	iven, direct	ly or indire	ctly, any offering		
If a per	rson to be li	sted is an a	ssociated pe	rson or age	nt of a brok	er or dealer	registered v	with the SE	C and/or wi	th a state		
or state	es, list the n	ame of the	broker or de	ealer. If mo	ore than five	(5) person:	s to be liste	d are associ	ated person	s of such		
			et forth the i	ntormation	for that bro	Ker or deale	er only.		•			<del>.</del>
	(Last name	-	ividuai)									
Goldman,	Sachs & C	0.*										
			sold throug	gh Goldma	n, Sachs &	Co., no cor	nmissions v	will be paid	, directly o	r indirectly	, for solicit	ing any
	in any juri r Residence		Number and	Street City	v State Zin	(Code)					-	
Dusiness o	i residence	Address (1	vannoer and	Succe, On	,, o.u.o, 2.ip	2020)						
			w York 100	004					<u>-</u> -			<u>_</u>
Name of A	ssociated B	roker or De	ealer									
-			s Solicited					· -			E71 A	II Ctataa
•												II States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH] [WV]	[OK] [WI]	[WY]	[PR]
[RI]	[SC] (Last name	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[ ** * ]	[***]	["1]	[110]
run Name	(Last name	11151, 11 1110	iividdaij									
Buciness o	r Decidence	Address ()	Number and	Street City	v State Zin	Code)					<del></del>	
Dusiness o	n Residence	. Addiess (i	vamber and	Bircei, Oit	y, 3.a.c., 2.ip	Code						
Name of A	ssociated B	roker or De			· · · · · ·		······································		-			<del></del>
			s Solicited ( lividual Stat								🗆 AI	I States
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[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
	(Last name					<del></del>						
Business of	r Residence	Address (	Number and	Street, Cit	y, State, Zip	Code)						
Name of A	Associated B	roker or D	caler									
			as Solicited Iividual Sta									All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

X

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$_	0	\$	0
	Equity	\$	0	\$	0
	☐ Common ☐ Preferred	_			
	Convertible Securities (including warrants)	\$	0	\$	0
	Partnership Interests		0	\$	0
	Other (Specify): Limited Liability Company Units	_	199,012,000	\$	199,012,000
	Total	_		\$	199,012,000
	Answer also in Appendix, Column 3, if filing under ULOE.	_	<del>_</del>	٠	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				Aggregate
			Number Investors		Dollar Amount of Purchases
	Accredited Investors	_	336	\$	199,012,000
	Non-accredited Investors	_	0	\$	0
	Total (for filings under Rule 504 only)	_	N/A	\$	N/A
3.	Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.				
	Type of offering		Type of Security		Dollar Amount Sold
	Rule 505		N/A	\$	N/A
	Regulation A	_	N/A	\$	N/A
	Rule 504		N/A	\$	N/A
	Total	_	N/A	\$	N/A
tl tl	.a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate.			- ,	
	Transfer Agent's Fees			\$	0
	Printing and Engraving Costs		0	\$	0
	Legal Fees		团	\$	104,164
	Accounting Fees			\$	0
	Engineering Fees.			\$	0
	Sales Commissions (specify finders' fees separately)			\$	0
	Other Expenses (identify)		0	\$	0
	Total		Ø	\$	104,164

	C. OFFERING PRICE, NUME	BER OF INVESTORS, EXP	ENS	ES A	ND USE OF P	ROCE	EDS	
5.	b. Enter the difference between the aggregate off - Question 1 and total expenses furnished in res difference is the "adjusted gross proceeds to the is:  Indicate below the amount of the adjusted gross p	ponse to Part C - Question 4.a suer."	. Th	is ed		\$_		198,907,836
	to be used for each of the purposes shown. If the furnish an estimate and check the box to the I payments listed must equal the adjusted gross proto Part C - Question 4.b. above.	eft of the estimate. The total	of th	ie				
					Payments to Officers, Directors, & Affiliates			Payments To Others
	Salaries and Fees			<b>\$</b> _	0	_ 🛭	\$_	0
	Purchase of real estate			\$_	0	_ 🗆	\$_	0
	Purchase, rental or leasing and installation of macl	hinery and equipment		\$_	0		\$_	0
	Construction or leasing of plant buildings and faci	lities		\$_	0	_ 🗆	\$_	0
	Acquisition of other businesses (including the va this offering that may be used in exchange for another issuer pursuant to a merger)	the assets or securities of	0	\$	0		\$	0
	Repayment of indebtedness		_	\$ - \$	0		\$ \$	0
	Working capital			s –	0	-	<b>\$</b>	0
	Other (Specify): Limited Liability Company Un			\$ <b>-</b>	0	- ☑	\$	198,907,836
	Column Totals			\$_	0	_ 🗷	\$ <u>_</u>	198,907,836
	Total Payments Listed (column totals added)				፟ \$	198,9	07,83	6
	1444	D. FEDERAL SIGNATU	RE					
fe	he issuer has duly caused this notice to be signed ollowing signature constitutes an undertaking by the f its staff, the information furnished by the issuer to	e issuer to furnish to the U.S. Se	ecurit	ies an	d Exchange Com	mission,	upon	written request
Iss	uer (Print or Type)	Signature			Date			
No	n-US Equity Managers: Portfolio 3 LLC	Carotire	2		April <u>¶</u> , 2008			
	ne of Signer (Print or Type)	Title of Signer (Print or Type) Assistant Secretary of the Issu	er's	Mana	ging Member			

**END** 

## ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).